

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SR	32	3/9-01
O.I.P.E. CLASSIFIER	FR	1018	3/16-01
FORMALITY REVIEW			3/20-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/16-01
2	✓	✓	3/16-01
3	✓	✓	3/16-01
4	✓	✓	3/16-01
5	✓	✓	3/16-01
6	✓	✓	3/16-01
7	✓	✓	3/16-01
8	✓	✓	3/16-01
9	✓	✓	3/16-01
10	✓	✓	3/16-01
11	✓	✓	3/16-01
12	✓	✓	3/16-01
13	✓	✓	3/16-01
14	✓	✓	3/16-01
15	✓	✓	3/16-01
16	✓	✓	3/16-01
17	✓	✓	3/16-01
18	✓	✓	3/16-01
19	✓	✓	3/16-01
20	✓	✓	3/16-01
21	✓	✓	3/16-01
22	✓	✓	3/16-01
23	✓	✓	3/16-01
24	✓	✓	3/16-01
25	✓	✓	3/16-01
26	✓	✓	3/16-01
27	✓	✓	3/16-01
28	✓	✓	3/16-01
29	✓	✓	3/16-01
30	✓	✓	3/16-01
31	✓	✓	3/16-01
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33	✓	✓	3/16-01
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35	✓	✓	3/16-01
36	✓	✓	3/16-01
37	✓	✓	3/16-01
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41	✓	✓	3/16-01
42	✓	✓	3/16-01
43	✓	✓	3/16-01
44	✓	✓	3/16-01
45	✓	✓	3/16-01
46	✓	✓	3/16-01
47	✓	✓	3/16-01
48	✓	✓	3/16-01
49	✓	✓	3/16-01
50	✓	✓	3/16-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy

503  
 20/12/01